

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	1					
4		1				
5		1				
6	1					
7		1				
8		1				
9		1				
10		1				
11	1					
12	1					
13	1					
14	1					
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46						
47						
48						
49						
50						
TOTAL IND.	8					
TOTAL DEP.	8	←	←	←	←	←
TOTAL CLAIMS	16					

SERIAL NO.	AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP
51				
52				
53				
54				
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60				
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94				
95				
96				
97				
98				
99				
100				
TOTAL IND.		←	←	←
TOTAL DEP.		←	←	←
TOTAL CLAIMS				

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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